

**PARKS  
& RECREATION  
LEXINGTON, KY**

PLEASE PRINT

**YOUTH FOOTBALL REGISTRATION**

*Registration Cannot Be Accepted without Payment and  
Age Verification Document for New Participants*

*For Office Use Only*

Date Received \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Scholarship Request  
Approved ☐ Yes ☐ No

Participant's Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Date of Birth \_\_\_\_\_ *Verification must be submitted with form for all new participants.*

**Scholarship Request:** Scholarship = 50% fee reduction. To apply for a scholarship proof of income must be provided with registration. Attach a photocopy of: free/reduced lunch verification from school; K-CHIP - Kentucky Health Card, K-TAP Card - (Welfare Recipient), EBT Card- (Food Stamp Recipient), Section 8 Public Housing Voucher, or other government assistance program documentation; or Federal tax return.

Does this participant require a special accommodation due to a disability in order to fully participate in this program? [ ] Yes [ ] No If Yes, what type of assistance is needed? \_\_\_\_\_

List Allergies: \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Emergency Contact if parent/guardian listed above cannot be reached:*

Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

**Program Participation Agreement:**

As the parent/legal guardian of the player named above, I give approval for his/her participation in any/all athletic activities during the current season. I agree that the participant is in good physical condition and has no disease or injury that would keep the participant from taking part in these activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve and indemnify, and agree to hold harmless the Lexington Fayette Urban County Government Division of Parks & Recreation Athletics, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any claim arising out of an injury to my child. I agree to return upon request the uniform and other equipment issued to my son/daughter in as good condition as when received, except for normal wear and tear. I understand that, as a participant, parent, and/or spectator, my child and I are responsible to the Division of Parks and Recreation for our actions as related to participation in this sports activity in accordance with the Physical/Verbal Altercation Policy and playing rules. Any unsportsmanlike conduct, including, but not limited to, fighting, verbal abuse or racial and gender epithets involving fans, coaches, or players, will not be tolerated. A copy of the Division of Parks and Recreation Physical/Verbal Altercation Policy and Youth Sports Handbook is available on line or upon request from the Athletic Office. I hereby assert that I fully understand and agree to the Program Participation Agreement.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*\*cannot accept registration without signature*

**Medical Consent Agreement:**

I hereby authorize the Lexington-Fayette Urban County Government Division of Parks and Recreation, its agents, employees, representatives, elected or appointed officials or designee(s) to treat me/my child for any injuries/illness that I/he/she sustains during participation on any designated Parks and Recreation activity. I authorize all necessary medical treatment and admission to any hospital designated by the Lexington-Fayette Urban County Government Division of Parks and Recreation, its agents, employees, representatives, elected or appointed officials or designee(s). It is understood that the participant and their parent/guardian will be notified to grant additional authorization for any surgical procedure or if any advanced care (X-rays, tests, etc.) is required. I hereby assert that I fully understand and agree to the Medical Consent Agreement.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*\*cannot accept registration without signature*

**Photo Waiver:**

I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators. I hereby assert that I fully understand and agree to the Photo Waiver.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Lexington-Fayette Urban County Government / Division of Parks and Recreation Athletics Department  
545 North Upper Street, Lexington, Kentucky 40508 Phone: (859) 288-2919 Fax: (859) 254-0142 [www.lfucg.com/parks](http://www.lfucg.com/parks)  
The Lexington-Fayette Urban County Government does not discriminate on the basis of race, sex, religion, handicap or national origin.  
It is our mission to provide quality parks and recreational facilities, programs and open space for ALL.

**\*\*COMPLETE REGISTRATION ON REVERSE SIDE OF FORM or SECOND PAGE ON WEB SITE\*\***

# 2009 YOUTH TACKLE FOOTBALL PROGRAM -- PLAYER REGISTRATION

Participant's Name: \_\_\_\_\_

Only football players that have previously played for a team in their current age division may register as returning players for that team. All other players must register as a new player. Players who choose to change teams must register as a new player. New players will be drafted, or assigned, to teams after the August 3rd registration date. If there is more than 1 team in the age division at a park, a draft will be held. (Parks holding drafts will draft on the following dates: 7&8 Year Old Division- Monday, August 10, 6:00pm, 9&10 Year Old Division- Tuesday, August 11, 6:00pm)

## FOOTBALL REGISTRATION \$55 (game uniform not included)

Registration Fee must be submitted with form. Fee is payable to Parks & Recreation by check, money order, credit card, or cash in exact amount. A 50 % refund for Football registration fees can be processed if a refund request form is submitted to the Athletics Office by August 31, 2009.

Division eligibility is determined by player's age as of August 31, 2009. Check the appropriate box for registration.

<u>7 &amp; 8 YEAR OLD DIVISION</u>	<u>9 &amp; 10 YEAR OLD DIVISION</u>	<u>11 &amp; 12 YEAR OLD DIVISION</u>
<b>Constitution Park</b>	<b>Constitution Park</b>	<b>Constitution Park</b>
<input type="checkbox"/> returning to Patriots 740002	<input type="checkbox"/> returning to Patriots 740031	<input type="checkbox"/> returning to Packers 740061
<input type="checkbox"/> new player 740000	<input type="checkbox"/> new player 740030	<input type="checkbox"/> new player 740060
<b>Douglass Park</b>	<b>Douglass Park</b>	<b>Douglass Park</b>
<input type="checkbox"/> returning to Bearcats 740004	<input type="checkbox"/> returning to Bearcats 740034	<input type="checkbox"/> returning to Bearcats 740064
<input type="checkbox"/> new player 740003	<input type="checkbox"/> new player 740033	<input type="checkbox"/> new player 740063
<b>Gainesway Park (P.A.L.)</b>	<b>Gainesway Park (P.A.L.)</b>	<b>Gainesway Park (P.A.L.)</b>
<input type="checkbox"/> returning to Raiders 740007	<input type="checkbox"/> returning to Raiders 740037	<input type="checkbox"/> returning to Raiders 740067
<input type="checkbox"/> new player 740006	<input type="checkbox"/> new player 740036	<input type="checkbox"/> new player 740066
<b>Idle Hour Park</b>	<b>Idle Hour Park</b>	<b>Idle Hour Park</b>
<input type="checkbox"/> returning to Cardinals 740010	<input type="checkbox"/> returning to Cardinals 740040	<input type="checkbox"/> returning to Cardinals 740070
<input type="checkbox"/> returning to Packers 740011	<input type="checkbox"/> returning to Packers 740041	<input type="checkbox"/> new player 740069
<input type="checkbox"/> new player 740009	<input type="checkbox"/> returning to Ravens 740042	
	<input type="checkbox"/> new player 740039	
<b>Martin Luther King Park</b>	<b>Martin Luther King Park</b>	<b>Martin Luther King Park</b>
<input type="checkbox"/> returning to Broncos 740014	<input type="checkbox"/> returning to Broncos 740045	<input type="checkbox"/> returning to Broncos 740073
<input type="checkbox"/> new player 740013	<input type="checkbox"/> new player 740044	<input type="checkbox"/> new player 740072
<b>Shillito Park</b>	<b>Shillito Park</b>	<b>Shillito Park</b>
<input type="checkbox"/> returning to Chargers 740017	<input type="checkbox"/> returning to Cowboys 740048	<input type="checkbox"/> returning to Wildcats 740076
<input type="checkbox"/> returning to Chiefs 740018	<input type="checkbox"/> returning to Eagles 740049	<input type="checkbox"/> new player 740075
<input type="checkbox"/> returning to Cowboys 740019	<input type="checkbox"/> returning to Seminoles 740050	
<input type="checkbox"/> returning to Wildcats 740020	<input type="checkbox"/> returning to Wildcats 740051	
<input type="checkbox"/> new player 740016	<input type="checkbox"/> new player 740047	
<b>Southland Park</b>	<b>Southland Park</b>	<b>Southland Park</b>
<input type="checkbox"/> returning to Dolphins 740024	<input type="checkbox"/> returning to Giants 740054	<input type="checkbox"/> returning to Horsemen 740079
<input type="checkbox"/> new player 740022	<input type="checkbox"/> returning to Steelers 740055	<input type="checkbox"/> new player 740078
	<input type="checkbox"/> new player 740053	

**NOTE: If there is more than 1 team in the age division at a park, new players that are siblings of a returning player or sons/daughters of the HEAD coach must complete the following team assignment information in order to be placed on the appropriate team. NO OTHER TEAM ASSIGNMENT REQUESTS ARE ACCEPTED.**

**Team Assignment Information**      **Team Name** \_\_\_\_\_

- ☐ sibling is returning player on this football team      name of sibling \_\_\_\_\_
- ☐ son/daughter of HEAD coach of this football team      name of coach \_\_\_\_\_